

TENNESSEE GENERAL ASSEMBLY
FISCAL REVIEW COMMITTEE



FISCAL NOTE

SB 1034 - HB 1156

January 25, 2016

SUMMARY OF BILL: Requires the Department of Health (DOH) to identify hospitals that meet criteria as a comprehensive stroke center, a primary stroke center, or an acute stroke-ready hospital. Requires hospitals to apply to DOH and satisfactorily demonstrate that they meet the established criteria. DOH is required to recognize as many accredited acute care hospitals as comprehensive stroke centers, primary stroke centers, and acute stroke-ready hospitals that apply and are certified as such by the American Heart Association or as department-approved, nationally-recognized, guidelines-based organizations that provide comprehensive stroke center, primary stroke, or acute stroke-ready hospital certification for stroke care; provided, that each applicant continues to maintain its certification. Comprehensive stroke and primary stroke centers are encouraged to coordinate with acute stroke-ready hospitals in the state to provide appropriate access to care for acute stroke patients. The coordinating stroke care agreement is required to be in writing. Establishes criteria for such written agreement.

Requires, by June 1 of each year, DOH to send a list detailing all certified stroke centers to the medical director of each licensed emergency medical services (EMS) provider in this state. DOH is required to maintain a copy of such list in the office designated with the Department to oversee emergency medical services, and must post a list of stroke centers on its website. Requires DOH to adopt and distribute a nationally recognized and standardized stroke triage assessment tool and post such tool on its website and provide a copy of the assessment tool to each licensed EMS provider, no later than January 1, 2016. Each licensed EMS provider is required to use the assessment tool provided by DOH. Each EMS authority in the state is required to establish pre-hospital care protocols related to the assessment, treatment, and transport of stroke patients. Such protocol is required to include plans for the triage and transport of acute stroke patients to the closest comprehensive, primary or acute stroke-ready hospital, within a specified timeframe of the onset of symptoms. Each EMS provider must establish training protocols to ensure that licensed EMS providers and 911 dispatch personnel receive regular training on the assessment and treatment of stroke patients. Each EMS must comply with these provisions by January 1, 2016. All data reported pursuant to this section shall be made available to DOH and to all other government agencies or contractors of government agencies that have responsibility for the management and administration of EMS in this state. This chapter is not construed to require disclosure of information that would violate the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

Requires DOH to establish and implement a plan for achieving continuous quality improvement in quality of care for stroke response and treatment. DOH must maintain a statewide stroke database that compiles information and statistics on stroke care that align with the stroke consensus metrics developed and approved by the American Heart Association.

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ESTIMATED FISCAL IMPACT:

Increase State Expenditures - \$334,600/FY16-17

\$285,200/FY17-18 and Subsequent Years

Assumptions:

- Public Chapter 1186 of the Public Acts of 2008 created the *Stroke Registry Act of 2008* and required the East Tennessee State University (ETSU) College of Public Health to maintain a statewide stroke database which compiled information and statistics on stroke care. Hospitals were encouraged, but not mandated to provide information for this purpose. This legislation requires the Department of Health to identify hospitals that meet the criteria of a comprehensive, primary, or acute stroke-ready hospital. Hospitals are required to apply to the Department and demonstrate to the Department's satisfaction that applicable criteria related to each classification are met.
- The proposed legislation will necessitate the development of a new statewide stroke database by the Department of Health. ETSU's Tennessee Stroke Registry will not be utilized to accomplish the requirements of the bill.
- According to information provided by the Department of Health, the Department will need three additional positions to carry out the requirements of this bill.
- A public health nurse consultant 1 will be needed to conduct designation reviews, an epidemiologist to develop and maintain the database, and an administrative service assistant 2 will be needed to handle the application and renewal process and provide support to the public health nurse consultant and epidemiologist.
- According to the Department, there will be a one-time cost of \$75,000 to develop the database and \$40,000 annually thereafter to maintain it.
- The Department can place the triage tool and the list of stroke centers on its web site utilizing existing staff during normal work hours.
- Emergency medical service providers in Tennessee can establish protocols and training requirements that meet the requirements of this bill utilizing existing resources.
- The increase in state expenditures in FY16-17 is estimated to be \$334,581 (salaries \$180,100 + benefits \$60,481 + communications \$2,800 + supplies \$1,800 + office furniture \$8,100 + computers/remote connection \$6,300 + database development \$75,000).
- The recurring increase in state expenditures beginning in FY17-18 is estimated to be \$285,181 (salaries \$180,100 + benefits \$60,481 + communications \$2,800 + supplies \$1,800 + database maintenance \$40,000).

CERTIFICATION:

The information contained herein is true and correct to the best of my knowledge.

A handwritten signature in dark ink that reads "Krista M. Lee". The signature is written in a cursive, flowing style.

Krista M. Lee, Executive Director

/jdb